

Gladys Marie Baker

Died at ^{Town} Brighton ^{County} Montgomery MARYLAND

Date ¹⁹⁰² July ²¹ ^{Month} ^{Day} ^{Y.} ^{M.} ^{D.} ^{Age} 8 9 ^{Native of} Clarksville ^{Occupation}
☒ Male ☐ Female ☐ White ☒ Colored ☒ Married ☐ Single ☐ Widower ☐ Divorced ☐ Number of children living

 Husband _____
 Wife _____

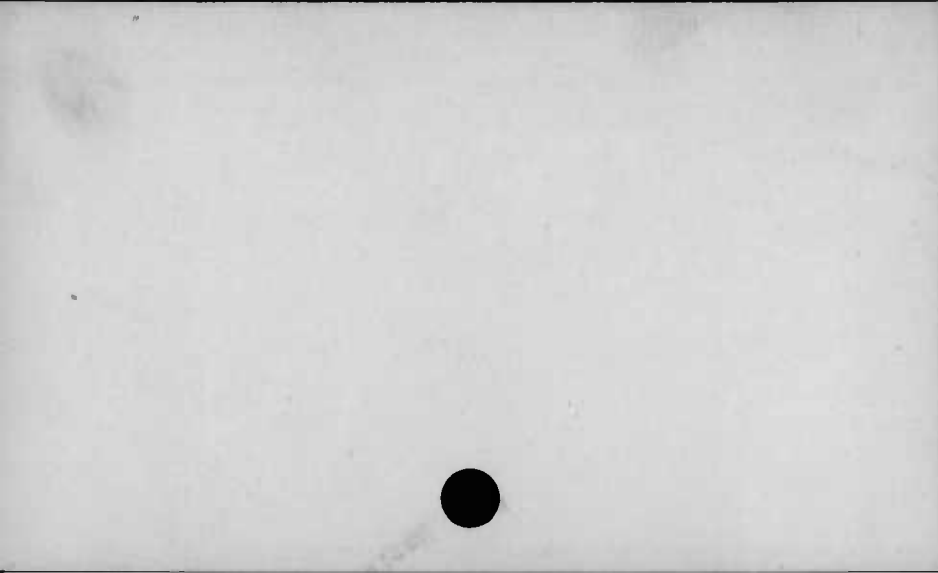
Father's Name Joseph Henry Baker Mother's Name Ella May Baker

Cause of ☒ Primary ☐ Secondary ☐ Other ☐ Unknown ☐ Cholelora Infantum ☐ How long sick 2 days
 Death ☒ Immediate ☐ Delayed ☐ Other ☐ Accident, Suicide, Homicide

Reported by Aug. Stabler

Address Brighton, Montg. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

James Bell

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

7 31

Age

2

1

-

Ind

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

X

~~Widow~~

X

Number of children living

X

Husband

of

Wife

X

Father's

Name

X

Mother's

Maiden Name

Lizzie Bree

Cause of

Primary

Marasmus

How long sick

2 mos

Death

Immediate

Accident, Suicide, Homicide

Reported by

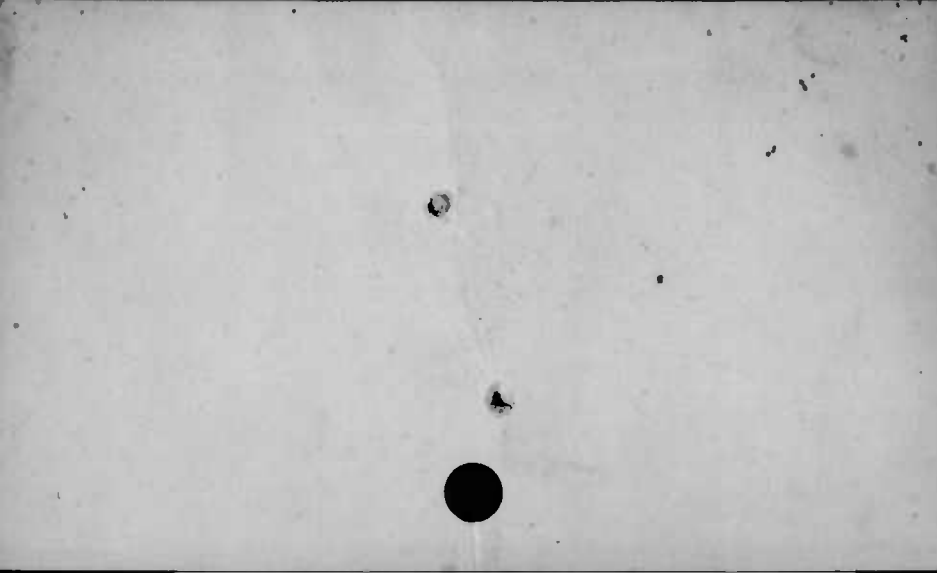
O. W. L. (Signature)

Address

Racineville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998



Julia Blackwell

Town

County

Died at

Spencerville Montgo

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 30

Age

42

Md

Laborer

~~Male~~~~White~~

Married

Widow

Divorced

Female

Colored

~~Single~~

Widower

Number of children living

8

Husband

of

Wife

Robt Blackwell

Father's

Mother's

Name

Maiden Name

Susan Watts

Cause of

Primary

Child Birth

How long sick

one day

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

J. R. Batson

Address

Spencerville

Must be signed by physician, if any In attendance, otherwise by coroner, undertaker or minister.



Estate Branch-

Town

County

Died at

Bethesda

Mont

MARYLAND

Date 19

1912

Month

7

Day

7

Age

5-13

Native of

U.S.

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

or

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Congenital Syphilis

How long sick

5 mos.

Death

Immediate

Heart Failure

~~Accident, Suicide, Homicide~~

Reported by

Alfred G. Hasenack, M.D.

Address

Resident Physician of Foundling Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date 19

Elizabeth Brogdon
Spencerville Md

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

02 July 30

Age

19

ind

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Walter Brogdon

Mother's

Maiden Name

Rosa Huff

Cause of

Primary

Cholera infantum

How long sick

2 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. R. Batson

105

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Gladness Brown

Town

County

Died at

Asher

Moritz

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 4

Age

1

Ind

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

John Brown

Mother's

Maiden Name

Mary Thomas

Cause of

Primary

Whooping cough

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. R. Batson

Address

Muncie

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

James Brown
 Died at Germantown Montgomery MARYLAND

Date 1902 July 28 Month Day Y. M. D. Age 14 Native of Md Occupation
 Male ~~White~~ Married ~~Widow~~ Divorced
~~Female~~ Colored Single ~~Widower~~ Number of children living 4

Husband
 of
 Wife

Father's Name Tieghman Brown Mother's Maiden Name Clara Mason

Cause of Death { Primary Typhoid Fever How long sick 30 days
 Immediate Syncope. Accident, Suicide, Homicide

Reported by S. F. Wilson M. D.

Address Germantown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date 19

Husband of

Wife

Father's Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name In Full *Joseph Barron*
 Town *Columbia* County *Montgomery*

Died at *Columbia* Month *July* Day *27* Year *1908* M. *D* Native of *Md.* Occupation *X*
 Date 19 *July* Age *50*
~~Male~~ *White* Married *Single* ~~Widow~~ *Widower* Divorced *X*
 Female Colored *Single* Number of children living *One*

Husband of *C. H. Barron*
 Wife

Father's Name Mother's *27*
 Maiden Name

Cause of { Primary *Pulmonary Tuberculosis* How long sick *Eight months*
 Death { Immediate *Hemorrhage* ~~Accident, Suicide, Homicide~~

Reported by *W. J. Smith, M.D.* *27*
 Address *8 Potomac Md.*



Wilber Brown

Town

County

Died at

Bethesda

Montgomery

MARYLAND

Date 1912

Month

Day

7 9

Age

Y.

M.

D.

- 8 - 2

Native of

U.S.

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widow~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Unknown

Mother's

Maiden Name

Unknown

Cause of

Primary

Congenital Syphilis

How long sick

5 months

Death

Immediate

Asthma

Accident, Suicide, Homicide

Reported by

Alfred Shasack M.D.

Address

Resident Physician of Formling Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Eliza Brunner

Town

County

Montgomery

MARYLAND

Died at Martinsburg

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 12

July 25

Age

36-4

Va

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

of

Isaac Brunner

Wife

Father's

Name

William

Mother's

Maiden Name

42

Cause of

Primary

Immediate

Death

Cancer of uterus

How long sick

One Year

Accident, Suicide, Homicide

Reported by

Isaac Bell

Address

Martinsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Margarette Lucile Butler

Town

County

Died at

Glen

Montgomery

MARYLAND

Date 1902	Month	Day	Age	Y.	M.	D.	Native of	Occupation
July	13	1	4	6			Md	
Male	White	Married	Widow	Divorced				
Female	Colored	Single	Widower	Number of children living				

Husband of

Wife

Father's

Name

Harry L. Butler

Mother's

Maiden Name

M. L. Bruner

Cause of

Primary

Pneumonia followed by

How long sick

4 months

Death

Immediate

abdominal abscess

Accident, Suicide, Homicide

Reported by

W. B. Stadler M.D. 93

Address

Gaithersburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

Gessie E. Davis

Town

County

MARYLAND

Died at

Tadmore Park

Montgomery

Date

of death

1902

Month

July

Day

28

Age

Years

46

Months

7

Days

14

Sex

Female

Color or
Race

white

Birth-
place

D.C.

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Carcinoma

How long

1 yr

Immediate

Asthma

How long

6 mo.

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Geo H Wright

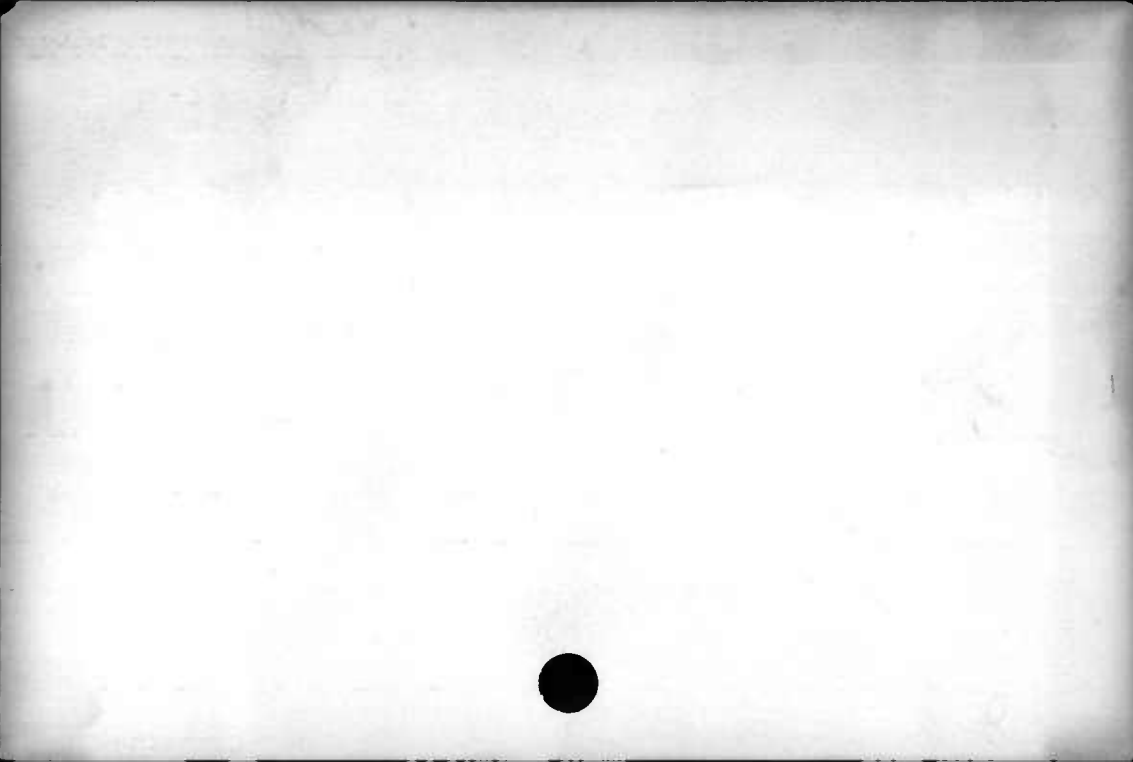
Address

First St

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

8



Name in Full

Certificate of Death

Mrs Lewis Duffin
 Town County

Died at

MARYLAND

Date 1902 Month 7 Day 13 Age 2.3.2 Native of Md Occupation
 Male White Married Widow Divorced
~~Female~~ Colored Single Widower Number of children living

Husband of
 Wife

Father's Name *Lewis Duffin* Mother's Maiden Name *Kate Bias*

Cause of Death { Primary *Tuberculosis* 27 How long sick 10 mos
 Immediate *Asphyxiation*
 Accident, Suicide, Homicide

Reported by *L. F. Hilborn M.D.*

Address *Germanstown Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

James Lester Enley

Town

County

Died at

Union

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age

~~Married~~~~Widow~~~~Divorced~~

Engineer

~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's
Name

Edward Enley

Mother's

Maiden Name

Ann May Lowrie

Cause of

Primary

Oblique

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Edward Enley

Address

Edward Enley

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000



Dorothy Fry

Town

County

Died at

Bethesda

Mont.

MARYLAND

Date 1902

Month

Day

7 80

Age

5-15

Native of

W. I.

~~Occupation~~~~M~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Member of~~~~Husband~~~~Wife~~Father's
Name

Unknown

Mother's

Maiden Name

Unknown

Cause of

Primary

Intest. Indigestion 105

How long sick

3 weeks

Death

Immediate

Asthenia

~~Accident, Suicide, Homicide~~

Reported by

Alfred Glascock, M.D.

Address

Resident Physician of Foundling Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William Gibson

Town

County

MARYLAND

Died at

Bethesda

Mont

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

7-22

Age

32

W.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Influenza

How long sick

1 Month

Death

Immediate

Asphyxia

105

Accident, Suicide, Homicide

Reported by

Alfred Shascock, M.D.

Address

Resident Physician of Foundling Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Chas. Grandison

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

6

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

10 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78898



Hanna Gruseendorf

Town

County

Died at

*Germanatown**Montgomery*

MARYLAND

Date 1902

Month Day

July 14

Y. M. D.

Age *84 to 86*

Native of

Germany

Occupation

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

2

Husband of

Francis Gruseendorf

Wife

Father's

Name

Mother's

Maiden Name

Cook

Cause of

Primary

old age.

How long sick

4 days.

Death

Immediate

acute intestinal obstruction~~Accident, Suicide, Homicide~~

Reported by

L. F. Hilson M. D.

Address

Germanatown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Margaret Bager.

Town

County

Died at

MARYLAND

Bethesda

Mont.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

12

7

10

Age

2

2

U.S.

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Unknown

Unknown

Cause of

Primary

Influenza

105

How long sick

2 mos - 2 days

Death

Immediate

Asthma

Accident, Suicide, Homicide

Reported by

Alfred G. Stover M.D.

Address

Resident Physician of Formling Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Calvin Jackson
 Town County
 Died at Ednor Month Day Y. M. D. Native of MARYLAND
 Occupation
 Date 1902 July 1 Age 19
 Male ~~Female~~ ~~White~~ ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced
 Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

2 months

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

James A. Kreech

Died at

Burnt Mills

Town

Montgomery

County

MARYLAND

Date

of death 1902

Month

July

Day

9

Age

Years

42

Months

4

Days

Sex

Male

Color or
Race

White

Birth-
place

St Charles Co, Mo

Married, Single
or Widowed

Widower

Occupation

Farmer

Name of Wife or
Husband

Blanche Thacker

Father's
Name

Jas. Kreech

Father's
Birthplace

Mo.

Mother's
Maiden Name

Emily Bean

Mother's
Birthplace

"

Name of person giving
Information

Mrs. B. L. Canby

How related
to deceased

None

CAUSES OF DEATH

Primary

How long

179

Immediate

Paralysis Heart

How long

only a few minutes

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

J. T. Brown

Address

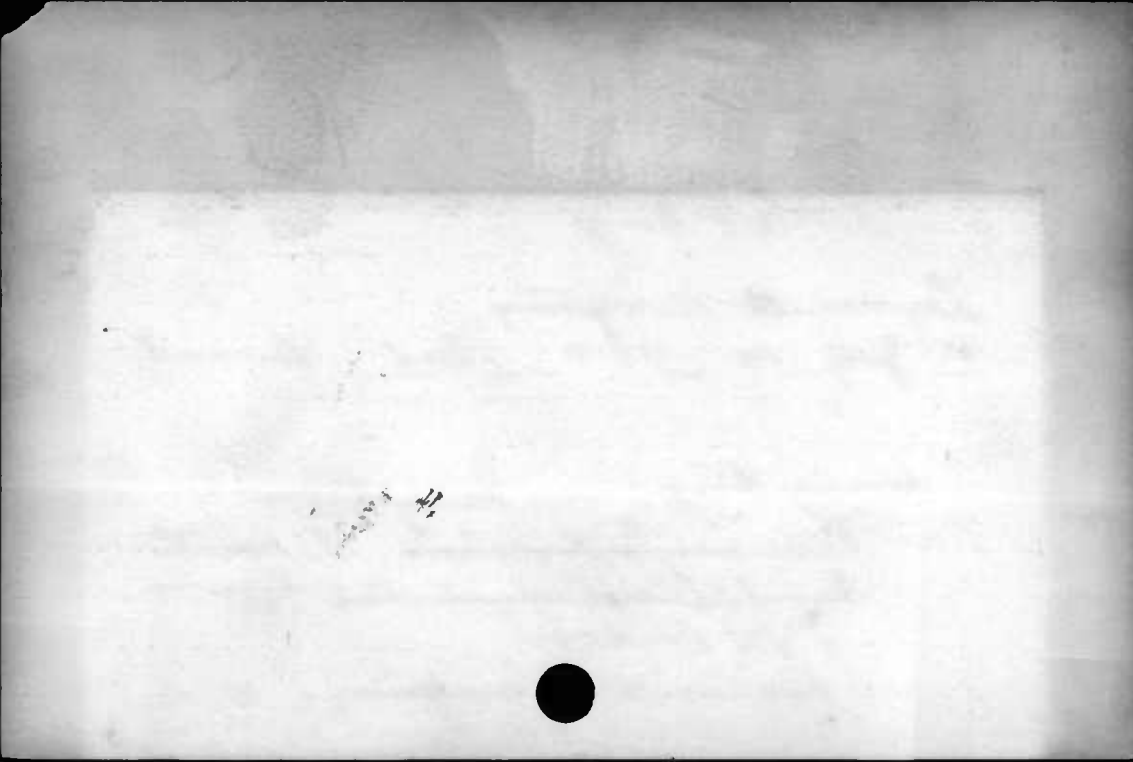
Burnt Mills

Mo.

Accident or Suicide?

Neither

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Attie V King

Died at ^{Town} Laytonsville ^{County} Montgomery

MARYLAND

Date 1902 July 14 Age 24-4 Native of Md Occupation Servant

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living

Husband of

Wife

Father's Name Henry King Mother's Maiden Name Mary Riggs

Cause of Death { Primary Pulmonary Tuberculosis How long sick 11 months

Immediate General Exhaustion from above disease Accident, Suicide, Homicide

Reported by

Address

V H Dyeon

Laytonsville Montgomery Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Alice Gelling Kerner

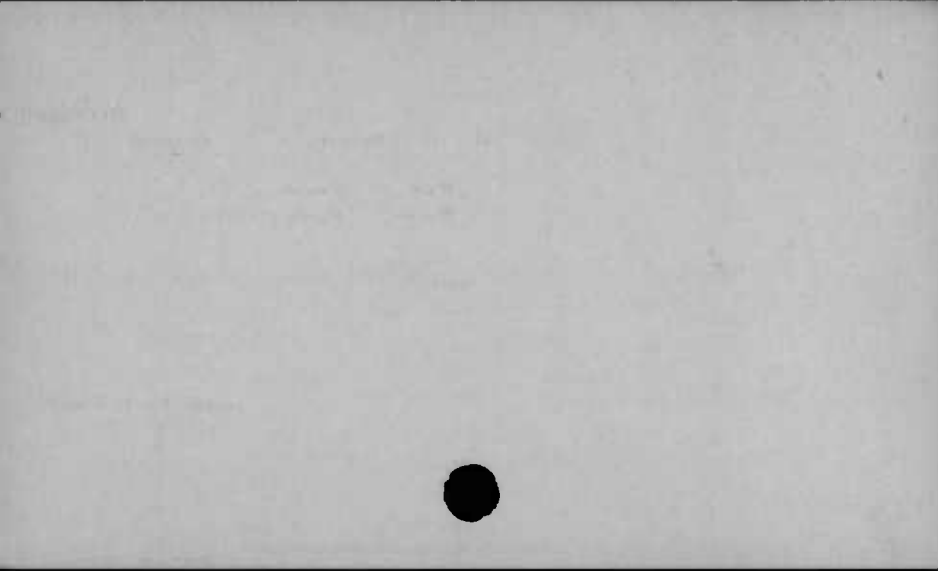
Died at Lay Hill Montgomery MARYLAND

Date 1907 July 4 46 Y. M. D. Native of md Hampshire
 Male White Married Widow Divorced Single
 Female Colored Widower Number of children living 3

Husband of Christopher Kerner
 Wife of Mrs Gelling
 Father's Name Mrs Gelling Mother's Name

Cause of Death { Primary Tuberculosis 29 How long sick 2 weeks
 Immediate Entered Edgemoor Accident, Suicide, Homicide

Reported by Eugene Jones
 Address Keenings
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elizabeth Lea

Town

County

Died at *Drumklow**Montgomery*

MARYLAND

Date *1902* Month *July* Day *3* Y. *77* M. *5* D. *23* Native of *Brighton* Occupation *Retired*
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

~~Husband~~ of
~~Wife~~

Father's Name *Thomas Lea*

Mother's Name *Elizabeth Elliott Lea*

Cause of Death { Primary *Gout, Arteriosclerosis* How long sick *3 months*
 Immediate *Paralysis, Pneumonia*

Reported by *Aug Stabler*

Address *Brighton, Montg. Co. Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name in Full

Certificate of Death

Mary Frances Lewis

Town

County

Died at

MARYLAND

Died at Linden Montz
 Date 1902 July 25 1902 July 25 1902 July 25
 Age 67 67 67 67 67 67 67 67 67
 Married Widow Widow Widow Widow Widow Widow Widow Widow Widow
 Female Colored Single Widower Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full Mr Edward Lillard										Certificate of Death	
Died at Martinsburg			Town Martinsburg			County Montgomery			MARYLAND		
Date 19 04		Month July		Day 12th		Age 22		Y. 10		M. 10	
Male		White		Married		Widow		Divorced		Occupation Salesman	
Female		Colored		Single		Widower		Number of children living			
Husband of											
Wife											
Father's Name Robert Lillard											
Mother's Maiden Name Elizabeth Bowin											
Cause of Death { Primary Typhoid Fever } How long sick 5 weeks											
Death { Immediate Pneumonia } Accident, Suicide, Homicide											
Reported by B. H. Walling M.D.											
Address Bolesville, Md.											
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.											



William Lowmy

Town

County

Died at near Newwood Abington

MARYLAND

Date 1902 July 19 Y. M. D. Age 63-4-15 Native of Virginia Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced

Number of children living 9

Husband of Louisa Lowmy

Father's Name William D. Lowmy Mother's Name Minnie Lowmy

Cause of Death { Primary Bright's Disease 120 How long sick Two years

Immediate Anaemia

Accident, Suicide, Homicide

Reported by Chas. Farguehan, M.D.

Address Blue, Md.



Albert M. Clarkson

Town

County

MARYLAND

Died at

Bethesda

Mont

Month Day

Y.

M.

D.

Native of

Occupation

Date 19

02 -

7 - 14

Age

-

3 - 14

U.S.

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Unknown

Mother's

Maiden Name

Unknown

Cause of

Primary

Acute Enterocolitis

How long sick

2 weeks

Death

Immediate

Heart Failure - 105

~~Accident, Suicide, Homicide~~

Reported by

Alfred W. Shasack M.D.

Address

Resident Physician of Summerville Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Sam. Mc Carmick

Town

County

Died at

Bethesda

Mont

MARYLAND

Date 19*02*

Month

Day

7-4

Age

Y. M. D.

-8-

Native of

U.S.

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Unknown

Mother's

Maiden Name

Unknown

Cause of

Primary

Myocardium

How long sick

3 months

Death

Immediate

Heart Failure.

105

Accident, Suicide, Homicide

Reported by

Alfred Blasczak M.D.

Address

Resident Physician of Formling Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Andrew J. McCoy

Town

County

Died at

MARYLAND

Date 19

Mantoloking

Monmouth

Month

Day

Y.

M.

D.

Native of

Occupation

02

July 28

Age

49

Va

Laborer

Male

~~White~~

Married

~~Widow~~

Divorced

~~Female~~

Colored

~~Singl~~

Widower

Number of children living

None

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Bright's Disease

How long sick

120

Accident, Suicide, Homicide

Reported by

Address

J. S. Pool

P. S. Smith

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

William Mathews

Town

County

MARYLAND

Died at

Spencerville Montg

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02 July 14

Age

2

md

Male

~~White~~~~Married~~

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Wm Mathews

Mother's

Maiden Name

Bertha Johnson

Cause of

Primary

Inflammation of Bowels

How long sick

2 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. R. Eaton

105

Address

Spencerville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

George Mitres
 Town County
 Died at Rockville, Montgomery Co., MARYLAND

Date 1902 July 24 Month Day Y. M. D. Age - 2 3 Native of Md. Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband
 of
 Wife

Father's Name George Mitres Mother's Name Mary Jane Brogdon

Cause of Death { Primary Marasmus How long sick one month
 Immediate Debility 105
 Accident, Suicide, Homicide

Reported by W.R. Anderson, M.D.

Address Rockville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Adah May Murray

Town

County

Died at

Browningville

Montgomery

MARYLAND

Date

1902

Month

Day

July 26

Age

1. 2. 5

Native of

Md

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

James A Murray

Mother's

Name

Clara E Murray

Cause of

Primary

Cholera infantum

How long sick

2 Weeks

Death

Immediate

Meningitis

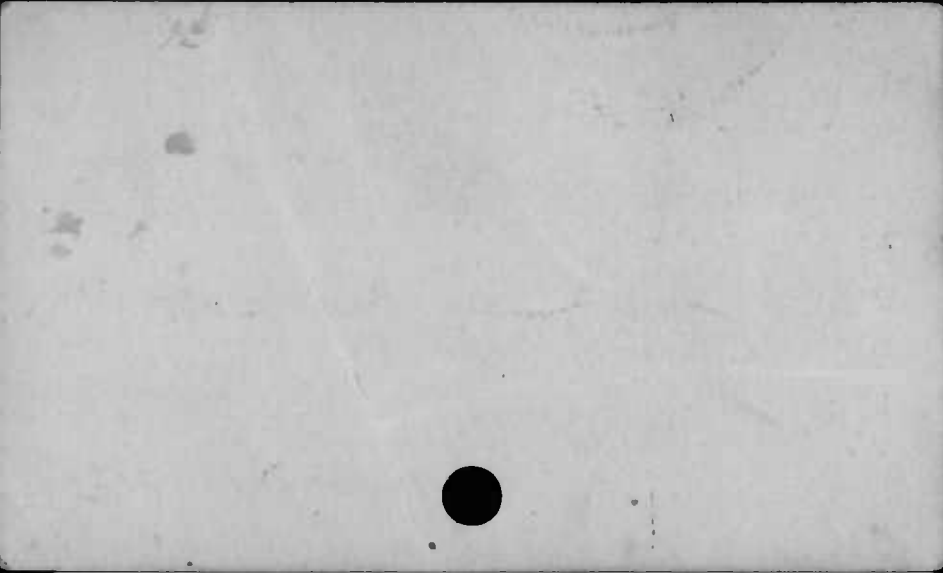
Accident, Suicide, Homicide

Reported by

Benj T. Lunsdale

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *Mary Asburn*
 Town *Spencerville* County *Montgomery* MARYLAND
 Died at *Spencerville*
 Date *1902* Month *7th* Day *30th* Y. *79* M. *3* D. *9* Native of *Virginia* Occupation
~~Male~~ White ~~Married~~ Widow ~~Deceased~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *two*

~~Husband~~ of *Mortimer Asburn*
 Wife
 Father's Name *Wm Sommer's* Mother's Name *Abina Sommer's*
 Cause of Death { Primary *Chronic Nephritis* How long sick *6 1/2 months*
 Immediate Accident, Suicide, Homicide

Reported by *Dr. W. F. Green,*
 Address *Brookville, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79700



Name in Full

Certificate of Death

Eva Ross

Town

County

Died at

Bethesda

Mont.

MARYLAND

Month

Day

Y.

M.

D.

Native of

~~Occupation~~

Date 1902

7

10

Age

- 10-12

U.S.

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Never married or previously married~~

Husband

~~Wife~~

Father's

Name

Unknown

Mother's

Maiden Name

Unknown

Cause of

Primary

Intussusception

How long sick

3 days

Death

Immediate

Heart Failure 108

Accident, Suicide, Homicide

Reported by

Alfred Grosbeck, M.D.

Address

Resident Physician of Formling Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Adeline E. Stabler

Died at ^{Town} Brighton ^{County} Montgomery

MARYLAND

Date ¹⁹⁰² 189 ^{Month} July ^{Day} 29 ^{V.} ^{M.} 7 ^{D.} 20 ^{Native of} charlottesville ^{Occupation} Housewife
^{Male} ^{White} ^{Marrried} ^{Widow} ^{Divorced}
^{Female} ^{Colored} ^{Single} ^{Widower} Number of children living 3

Husband of Robinson Stabler
 Wife

Father's Name Meredith Jones
 Mother's Name Maria Jones

Cause of Death { Primary Arteriosclerosis 93 How long sick Several years
 Immediate Pneumonia (hypostatic) ~~Accident, Suicide, Homicide~~

Reported by Aug Stabler M.D.

Address Brighton, Montg. Co. Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Louville Thomas

Town

County

MARYLAND

Died at Bethesda Mount

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 - 7 - 27 Age - 2 - 13 Md.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Incurable

Death

Immediate

Asthma

How long sick

1 mo.

Accident, Suicide, Homicide

Reported by

Alfred Thacker M.D.

Address

Resident Physician of Foundling Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

J. Benjamin Thompson

Town

County

Died at Editor

Montgomery

MARYLAND

Date 1902 July 31

Month

Day

Age 67

Y.

M.

D.

Native of

Md

Occupation

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

8

Husband of

Amanda Thompson

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

General Debility

Death

Immediate

Asthenia

How long sick

2 yrs.

Accident, Suicide, Homicide

Reported by

M.M. Cisel

154

Address

Highland, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Martha Ellen Thorn

Town

County

Died at Near Brighton

Montgomery

MARYLAND

Date 1902 July 9

Y. M. D.

Name of

Occupation

Male Female

Age

7

Maid

none

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

John Thorn

Mary E. Thorn

Cause of Primary

not known

How long sick

2 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

John Thorn
Brighton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

C. M. Caspell

LIBRARY OF CONGRESS

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received

from *John Thorn* _____

of *Brighton Med* _____

Eva May Lucker
 Died at *ashton* ^{Town} *monlgary* ^{County} MARYLAND

Date *1902* ^{Month} *7* ^{Day} *4* Age *- - 11* ^{Y.} ^{M.} ^{D.} Native of *md* Occupation *—*
~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~
 Female ^{Colored} ~~Single~~ ^{Widower} ~~Number of children living~~ *—*

Husband of *—*
 Wife of *—*

Father's Name *Eli Lucker* Mother's Name *Catie Bell Lucker*

Cause of Death { Primary *Premature birth* ^{How long sick} *151* *11 days*
 Immediate *—* ^{Accident, Suicide, Homicide} *—*

Reported by *Roger Brewer, M.D.*
 Address *Sandy Spring md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Melvin Ward

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

~~Occupation~~

7 - 3

Age

- 2 - 7

U.S.

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Married~~~~Single~~~~Widow~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Enteric Colitis

How long sick

one month

Death

Immediate

Asthma

105

~~Accident, Suicide, Homicide~~

Reported by

Alfred Glasebrook, M.D.

Address

Resident Physician of Formaling Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Sarah R. Warfield

Town

County

MARYLAND

Died at Near Browningsville Montgomery

Date 1902 July 10 Y. M. D. Native of Occupation

Male

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

5-

Husband of

Wife Horrace Warfield

Father's

Name

John King

Mother's

Name

Jemimah King

Cause of Primary

How long sick

2 months

Death Immediate

Senile debility- 154

Accident, Suicide, Homicide

Reported by

Bry F. Lansdale

Address

Downsview Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ella Warner

Town

County

Died at

Silver Spring Montgomery

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

July 2

Age 26

Md Domestic

~~Male~~~~White~~~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date

Husband

of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Estherine Warren

Sturington *Montgomery* *MARYLAND*

1907 July *1* *md*

Male *White* *Married* *Widow* *Divorced* *Number of children living*

Female *Colored* *Single* *Widower*

Stephen Warren *Almie Stoddard*

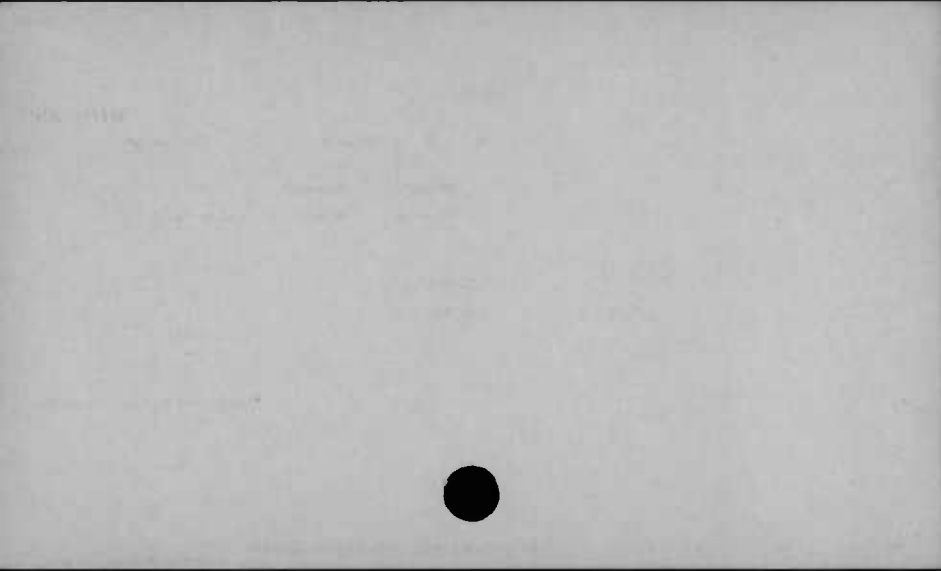
Cholera Infantum *3 weeks*

Measles *Accident, Suicide, Homicide*

Agnes Stoddard *103*

Sturington

md



Percy Weedon

Town

County

Died at

Bethesda

Mont.

MARYLAND

Month

Day

Y.

M.

D.

Native of

~~Registration~~

Date 1902

7

7

Age

- 9 -

U. S.

Male

White

~~Mixed~~~~White~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

Wife

Father's

Name

Mother's

Maiden Name

Unknown

Unknown

Cause of

Primary

Marasmus.

How long sick

4 months

Death

Immediate

Heart Failure

105

Accident, Suicide, Homicide

Reported by

Alfred Shasack, M.D.

Address

Resident Physician of Formling Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Emily White.

Town

County

Died at

Bethesda

Mont

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

2

7-15

Age

- 6 -

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

or

Wife

Father's
Name

Mother's

Maiden Name

Cause of

Primary

Acute-Enterocolitis

How long sick

1 month

Death

Immediate

Heart Failure.

105

Accident, Suicide, Homicide

Reported by

Alfred G. Searns, M.D.

Address

Resident Physician of Fanning Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

